

12/21/01  
JC966 U.S. PTO

01-03-02

A

Please type a plus sign (+) inside this box ☐

PTO/SB/05 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	103129-0005
	First Inventor	Magruder C. Donaldson
	Title	ATRAUMATIC TEMPORARY ARTERIAL BRANCH PERFUSION DEVICE
	Express Mail Label No.	EL835840245 US

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>	<b>ADDRESS TO:</b> Box Patent Application Commissioner for Patents Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 15] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) FIGS. 1-8B [Total Sheets 5]	b. Specification Sequence Listing on: <ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> paper</li></ul>
5. Oath or Declaration [Total Pages 4] <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Declaration Petition / Power of Attorney Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)</li><li>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul>	<b>ACCOMPANYING APPLICATIONS PARTS</b>
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)
	11. <input type="checkbox"/> English Translation Document (if applicable)
	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
	13. <input type="checkbox"/> Preliminary Amendment
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	17. <input checked="" type="checkbox"/> Other: Application Title Sheet

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		021125		or <input type="checkbox"/> Correspondence address below	
Name	NUTTER MCCLENNEN & FISH LLP Tram Anh T. Nguyen				
Address	One International Place				
City	Boston	State	MA	Zip Code	02110-2699
Country	US	Telephone	(617) 439-2734	Fax	(617) 310-9734

Name (Print/Type)	Tram Anh T. Nguyen	Registration No. (Attorney/Agent)	47,257
Signature	<i>Tram Anh T. Nguyen</i>	Date	December 21, 2001

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002		Complete if Known	
Patent fees are subject to annual revision.		Application Number	Not Yet Assigned
		Filing Date	December 21, 2001
		First Named Inventor	Magruder C. Donaldson
		Examiner Name	Not Yet Assigned
		Group Art Unit	N/A
		Attorney Docket No.	103129-0005
<input checked="" type="checkbox"/> Application claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$)		370.00	

  

| METHOD OF PAYMENT (check all that apply)   | FEE CALCULATION (continued)   
   
  |  
                                    |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
--
--
--|---|----------|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|-----|-----|-------------------------------------|-----|--------------------|--------|-----|-----|---|-----|-------------------|-----|-----|-----|---------------------------|-----|------------------|-------|-----|-------|---|-----|--------------------|------|-----|------|--|----|------------------------|--------|---------------------|--------|---|--|-----|--------
--|----|--|--|--------------|-----|-----------------|----------|---|----------|----------|----------|-----|-----|--|---|------------------------|-------|-----|-----|---|----|-----------------------------------|-------|-----|-----|--|-----|---------------------------------------|-----|-----|-----|------------------|----|--|-----|-----|-----|--|---|--|-----|---------------------|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|--|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|-----|--------------------|--------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|---------------------|--|--|--|--|--------|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|----|-----|---|------------------------|--|-----|----|-----|----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|----|-----|----|--|--|-----|----|-----|---|--|--|---------------------|--|--|--|--|------|---|--|---|--|--|--|--|--|---|--
---|--|--|--|--|--|---|--|---|--|--|--|--|--|---|--|---|--|--|--|--|--|---|--
---|--|--|--|--|--|---|--|---|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">141449</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Nutter McClennen &amp; Fish LLP</span><br>The Commissioner is hereby authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="4"> <b>1. BASIC FILING FEE</b><br/> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>370.00</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td>370.00</td></tr> </tbody> </table> </td> <td colspan="2"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td>0.00</td></tr> </tbody> </table> </td> </tr> <tr> <td colspan="2"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/>           Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br/>           Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br/>           Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/> </td> <td colspan="2"> <b>3. ADDITIONAL FEES</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           105    130    205    65    Surcharge - late filing fee or oath<br/>           127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br/>           139    130    139    130    Non-English specification<br/>           147    2,520    147    2,520    For filing a request for ex parte reexamination<br/>           112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br/>           113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br/>           115    110    215    55    Extension for reply within first month<br/>           116    400    216    200    Extension for reply within second month<br/>           117    920    217    460    Extension for reply within third month<br/>           118    1,440    218    720    Extension for reply within fourth month<br/>           128    1,960    228    980    Extension for reply within fifth month<br/>           119    320    219    160    Notice of Appeal<br/>           120    320    220    160    Filing a brief in support of an appeal<br/>           121    280    221    140    Request for oral hearing<br/>           138    1,510    138    1,510    Petition to institute a public use proceeding<br/>           140    110    240    55    Petition to revive - unavoidable<br/>           141    1,280    241    640    Petition to revive - unintentional<br/>           142    1,280    242    640    Utility issue fee (or reissue)<br/>           143    460    243    230    Design issue fee<br/>           144    620    244    310    Plant issue fee<br/>           122    130    122    130    Petitions to the Commissioner<br/>           123    50    123    50    Processing fee under 37 CFR 1.17(q)<br/>           126    180    126    180    Submission of Information Disclosure Stmt<br/>           581    40    581    40    Recording each patent assignment per property (times number of properties)<br/>           146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br/>           149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br/>           179    740    279    370    Request for Continued Examination (RCE)<br/>           169    900    169    900    Request for expedited examination of a design application<br/>           Other fee (specify) _____         </td> </tr> <tr> <td colspan="2"> <b>1. BASIC FILING FEE</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           101    740    201    370    Utility filing fee<br/>           106    330    206    165    Design filing fee<br/>           107    510    207    255    Plant filing fee<br/>           108    740    208    370    Reissue filing
fee<br/>           114    160    214    80    Provisional filing fee<br/>           SUBTOTAL (1)    (\$)<br/>           370.00         </td> <td colspan="2"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           103    18    203    9    Claims in excess of 20<br/>           102    84    202    42    Independent claims in excess of 3<br/>           104    280    204    140    Multiple dependent claim, if not paid<br/>           109    84    209    42    ** Reissue independent claims over original patent<br/>           110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br/>           SUBTOTAL (2)    (\$)<br/>           0.00         </td> </tr> <tr> <td colspan="2"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/>           Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br/>           Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br/>           Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/> </td> <td colspan="2"> <b>3. ADDITIONAL FEES</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           105    130    205    65    Surcharge - late filing fee or oath<br/>           127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br/>           139    130    139    130    Non-English specification<br/>           147    2,520    147    2,520    For filing a request for ex parte reexamination<br/>           112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br/>           113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br/>           115    110    215    55    Extension for reply within first month<br/>           116    400    216    200    Extension for reply within second month<br/>           117    920    217    460    Extension for reply within third month<br/>           118    1,440    218    720    Extension for reply within fourth month<br/>           128    1,960    228    980    Extension for reply within fifth month<br/>           119    320    219    160    Notice of Appeal<br/>           120    320    220    160    Filing a brief in support of an appeal<br/>           121    280    221    140    Request for oral hearing<br/>           138    1,510    138    1,510    Petition to institute a public use proceeding<br/>           140    110    240    55    Petition to revive - unavoidable<br/>           141    1,280    241    640    Petition to revive - unintentional<br/>           142    1,280    242    640    Utility issue fee (or reissue)<br/>           143    460    243    230    Design issue fee<br/>           144    620    244    310    Plant issue fee<br/>           122    130    122    130    Petitions to the Commissioner<br/>           123    50    123    50    Processing fee under 37 CFR 1.17(q)<br/>           126    180    126    180    Submission of Information Disclosure Stmt<br/>           581    40    581    40    Recording each patent assignment per property (times number of properties)<br/>           146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br/>           149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br/>           179    740    279    370    Request for Continued Examination (RCE)<br/>           169    900    169    900    Request for expedited examination of a design application<br/>           Other fee (specify) _____         </td> </tr> <tr> <td colspan="2"> <b>1. BASIC FILING FEE</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           101    740    201    370    Utility filing fee<br/>           106    330    206    165    Design filing fee<br/>           107    510    207    255    Plant filing fee<br/>           108    740    208    370    Reissue filing fee<br/>           114    160    214    80    Provisional filing fee<br/>           SUBTOTAL (1)    (\$)<br/>           370.00         </td> <td colspan="2"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           103    18    203    9    Claims in excess of 20<br/>           102    84    202    42    Independent claims in excess of 3<br/>           104    280    204    140    Multiple dependent claim, if not paid<br/>           109    84    209    42    ** Reissue independent claims over original patent<br/>           110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br/>           SUBTOTAL (2)    (\$)<br/>           0.00         </td> </tr> <tr> <td colspan="2"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/>           Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br/>           Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br/>           Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/> </td> <td colspan="2"> <b>3. ADDITIONAL FEES</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           105    130    205    65    Surcharge - late filing fee or oath<br/>           127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br/>           139    130    139    130    Non-English specification<br/>           147    2,520    147    2,520    For filing a request for ex parte reexamination<br/>           112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br/>           113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br/>           115    110    215    55    Extension for reply within first month<br/>           116    400    216    200    Extension for reply within second month<br/>           117    920    217    460    Extension for reply within third month<br/>           118    1,440    218    720    Extension for reply within fourth month<br/>           128    1,960    228    980    Extension for reply within fifth month<br/>           119    320    219    160    Notice of Appeal<br/>           120    320    220    160    Filing a brief in support of an appeal<br/>           121    280    221    140    Request for oral hearing<br/>           138    1,510    138    1,510    Petition to institute a public use proceeding<br/>           140    110    240    55    Petition to revive - unavoidable<br/>           141    1,280    241    640    Petition to revive - unintentional<br/>           142    1,280    242    640    Utility issue fee (or reissue)<br/>           143    460    243    230    Design issue fee<br/>           144    620    244    310    Plant issue fee<br/>           122    130    122    130    Petitions to the Commissioner<br/>           123    50    123    50    Processing fee under 37 CFR 1.17(q)<br/>           126    180    126    180    Submission of Information Disclosure Stmt<br/>           581    40    581    40    Recording each patent assignment per property (times number of properties)<br/>           146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br/>           149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br/>           179    740    279    370    Request for Continued Examination (RCE)<br/>           169    900    169    900    Request for expedited examination of a design application<br/>           Other fee (specify) _____         </td> </tr> <tr> <td colspan="2"> <b>1. BASIC FILING FEE</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           101    740    201    370    Utility filing fee<br/>           106    330    206    165    Design filing fee<br/>           107    510    207    255    Plant filing fee<br/>           108    740    208    370    Reissue filing fee<br/>           114    160    214    80    Provisional filing fee<br/>           SUBTOTAL (1)    (\$)<br/>           370.00         </td> <td colspan="2"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           103    18    203    9    Claims in excess of 20<br/>           102    84    202    42    Independent claims in excess of 3<br/>           104    280    204    140    Multiple dependent claim, if not paid<br/>           109    84    209    42    ** Reissue independent claims over original patent<br/>           110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br/>           SUBTOTAL (2)    (\$)<br/>           0.00         </td> </tr> <tr> <td colspan="2"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/>           Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br/>           Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br/>           Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/> </td> <td colspan="2"> <b>3. ADDITIONAL FEES</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           105    130    205    65    Surcharge - late filing fee or oath<br/>           127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br/>           139    130    139    130    Non-English specification<br/>           147    2,520    147    2,520    For filing a request for ex parte reexamination<br/>           112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br/>           113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br/>           115    110    215    55    Extension for reply within first month<br/>
          116    400    216    200    Extension for reply within second month<br/>           117    920    217    460    Extension for reply within third month<br/>           118    1,440    218    720    Extension for reply within fourth month<br/>           128    1,960    228    980    Extension for reply within fifth month<br/>           119    320    219    160    Notice of Appeal<br/>           120    320    220    160    Filing a brief in support of an appeal<br/>           121    280    221    140    Request for oral hearing<br/>           138    1,510    138    1,510    Petition to institute a public use proceeding<br/>           140    110    240    55    Petition to revive - unavoidable<br/>           141    1,280    241    640    Petition to revive - unintentional<br/>           142    1,280    242    640    Utility issue fee (or reissue)<br/>           143    460    243    230    Design issue fee<br/>           144    620    244    310    Plant issue fee<br/>           122    130    122    130    Petitions to the Commissioner<br/>           123    50    123    50    Processing fee under 37 CFR 1.17(q)<br/>           126    180    126    180    Submission of Information Disclosure Stmt<br/>           581    40    581    40    Recording each patent assignment per property (times number of properties)<br/>           146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br/>           149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br/>           179    740    279    370    Request for Continued Examination (RCE)<br/>           169    900    169    900    Request for expedited examination of a design application<br/>           Other fee (specify) _____         </td> </tr> <tr> <td colspan="2"> <b>1. BASIC FILING FEE</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           101    740    201    370    Utility filing fee<br/>           106    330    206    165    Design filing fee<br/>           107    510    207    255    Plant filing fee<br/>           108    740    208    370    Reissue filing fee<br/>           114    160    214    80    Provisional filing fee<br/>           SUBTOTAL (1)    (\$)<br/>           370.00         </td> <td colspan="2"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           103    18    203    9    Claims in excess of 20<br/>           102    84    202    42    Independent claims in excess of 3<br/>           104    280    204    140    Multiple dependent claim, if not paid<br/>           109    84    209    42    ** Reissue independent claims over original patent<br/>           110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br/>           SUBTOTAL (2)    (\$)<br/>           0.00         </td> </tr> <tr> <td colspan="2"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/>           Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br/>           Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br/>           Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/> </td> <td colspan="2"> <b>3. ADDITIONAL FEES</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           105    130    205    65    Surcharge - late filing fee or oath<br/>           127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br/>           139    130    139    130    Non-English specification<br/>           147    2,520    147    2,520    For filing a request for ex parte reexamination<br/>           112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br/>           113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br/>           115    110    215    55    Extension for reply within first month<br/>           116    400    216    200    Extension for reply within second month<br/>           117    920    217    460    Extension for reply within third month<br/>           118    1,440    218    720    Extension for reply within fourth month<br/>           128    1,960    228    980    Extension for reply within fifth month<br/>           119    320    219    160    Notice of Appeal<br/>           120    320    220    160    Filing a brief in support of an appeal<br/>           121    280    221    140    Request for oral hearing<br/>           138    1,510    138    1,510    Petition to institute a public use proceeding<br/>           140    110    240    55    Petition to revive - unavoidable<br/>           141    1,280    241    640    Petition to revive - unintentional<br/>           142    1,280    242    640    Utility issue fee (or reissue)<br/>           143    460    243    230    Design issue fee<br/>           144    620    244    310    Plant issue fee<br/>           122    130    122    130    Petitions to the Commissioner<br/>           123    50    123    50    Processing fee under 37 CFR 1.17(q)<br/>           126    180    126    180    Submission of Information Disclosure Stmt<br/>           581    40    581    40    Recording each patent assignment per property (times number of properties)<br/>           146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br/>           149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br/>           179    740    279    370    Request for Continued Examination (RCE)<br/>           169    900    169    900    Request for expedited examination of a design application<br/>           Other fee (specify) _____         </td> </tr> <tr> <td colspan="2"> <b>1. BASIC FILING FEE</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           101    740    201    370    Utility filing fee<br/>           106    330    206    165    Design filing fee<br/>           107    510    207    255    Plant filing fee<br/>           108    740    208    370    Reissue filing fee<br/>           114    160    214    80    Provisional filing fee<br/>           SUBTOTAL (1)    (\$)<br/>           370.00         </td> <td colspan="2"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           103    18    203    9    Claims in excess of 20<br/>           102    84    202    42    Independent claims in excess of 3<br/>           104    280    204    140    Multiple dependent claim, if not paid<br/>           109    84    209    42    ** Reissue independent claims over original patent<br/>           110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br/>           SUBTOTAL (2)    (\$)<br/>           0.00         </td> </tr> <tr> <td colspan="2"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/>           Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br/>           Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br/>           Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/> </td> <td colspan="2"> <b>3. ADDITIONAL FEES</b><br/>           Large Entity    Small Entity<br/>           Fee Code    Fee (\$)<br/>           105    130    205    65    Surcharge - late filing fee or oath<br/>           127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br/>           139    130    139    130    Non-English specification<br/>           147    2,520    147    2,520    For filing a request for ex parte reexamination<br/>           112    920*    112    920*    Requesting publication of</td></tr></tbody></table> | Large Entity   
  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 105      | 130      | 205 | 65  | Surcharge - late filing fee or oath |     | 127                | 50     | 227 | 25  | Surcharge - late provisional filing fee or cover sheet. |     | 139               | 130 | 139 | 130 | Non-English specification |     | 147              | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination |     | 112                | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |    | 113                    | 1,840* | 113                 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110    | 215  | 55 | Extension for reply within first month |  | 116          | 400 | 216             | 200      | Extension for reply within second month |          | 117      | 920      | 217 | 460 | Extension for reply within third month |   | 118                    | 1,440 | 218 | 720 | Extension for reply within fourth month |    | 128                               | 1,960 | 228 | 980 | Extension for reply within fifth month |     | 119                                   | 320 | 219 | 160 | Notice of Appeal |    | 120  | 320 | 220 | 160 | Filing a brief in support of an appeal |   | 121  | 280 | 221                 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37CFR 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>370.00</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td>370.00</td></tr> </tbody> </table> |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101 | 740 | 201 | 370 | Utility filing fee | 370.00 | 106 | 330 | 206 | 165 | Design filing fee |  | 107 | 510 | 207 | 255 | Plant filing fee |  | 108 | 740 | 208 | 370 | Reissue filing fee |  | 114 | 160 | 214 | 80 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  |  |  | 370.00 | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td>0.00</td></tr> </tbody> </table> |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103 | 18 | 203 | 9 | Claims in excess of 20 |  | 102 | 84 | 202 | 42 | Independent claims in excess of 3 |  | 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid |  | 109 | 84 | 209 | 42 | ** Reissue independent claims over original patent |  | 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  |  | 0.00 | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/> |  | <b>3. ADDITIONAL FEES</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>105    130    205    65    Surcharge - late filing fee or oath<br>127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br>139    130    139    130    Non-English specification<br>147    2,520    147    2,520    For filing a request for ex parte reexamination<br>112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br>113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br>115    110    215    55    Extension for reply within first month<br>116    400    216    200    Extension for reply within second month<br>117    920    217    460    Extension for reply within third month<br>118    1,440    218    720    Extension for reply within fourth month<br>128    1,960    228    980    Extension for reply within fifth month<br>119    320    219    160    Notice of Appeal<br>120    320    220    160    Filing a brief in support of an appeal<br>121    280    221    140    Request for oral hearing<br>138    1,510    138    1,510    Petition to institute a public use proceeding<br>140    110    240    55    Petition to revive - unavoidable<br>141    1,280    241    640    Petition to revive - unintentional<br>142    1,280    242    640    Utility issue fee (or reissue)<br>143    460    243    230    Design issue fee<br>144    620    244    310    Plant issue fee<br>122    130    122    130    Petitions to the Commissioner<br>123    50    123    50    Processing fee under 37 CFR 1.17(q)<br>126    180    126    180    Submission of Information Disclosure Stmt<br>581    40    581    40    Recording each patent assignment per property (times number of properties)<br>146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br>149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br>179    740    279    370    Request for Continued Examination (RCE)<br>169    900    169    900    Request for expedited examination of a design application<br>Other fee (specify) _____ |  | <b>1. BASIC FILING FEE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>101    740    201    370    Utility filing fee<br>106    330    206    165    Design filing fee<br>107    510    207    255    Plant filing fee<br>108    740    208    370    Reissue filing fee<br>114    160    214    80    Provisional filing fee<br>SUBTOTAL (1)    (\$)<br>370.00 |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>103    18    203    9    Claims in excess of 20<br>102    84    202    42    Independent claims in excess of 3<br>104    280    204    140    Multiple dependent claim, if not paid<br>109    84    209    42    ** Reissue independent claims over original patent<br>110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br>SUBTOTAL (2)    (\$)<br>0.00 |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 18    -20** = <input
type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/> |  | <b>3. ADDITIONAL FEES</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>105    130    205    65    Surcharge - late filing fee or oath<br>127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br>139    130    139    130    Non-English specification<br>147    2,520    147    2,520    For filing a request for ex parte reexamination<br>112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br>113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br>115    110    215    55    Extension for reply within first month<br>116    400    216    200    Extension for reply within second month<br>117    920    217    460    Extension for reply within third month<br>118    1,440    218    720    Extension for reply within fourth month<br>128    1,960    228    980    Extension for reply within fifth month<br>119    320    219    160    Notice of Appeal<br>120    320    220    160    Filing a brief in support of an appeal<br>121    280    221    140    Request for oral hearing<br>138    1,510    138    1,510    Petition to institute a public use proceeding<br>140    110    240    55    Petition to revive - unavoidable<br>141    1,280    241    640    Petition to revive - unintentional<br>142    1,280    242    640    Utility issue fee (or reissue)<br>143    460    243    230    Design issue fee<br>144    620    244    310    Plant issue fee<br>122    130    122    130    Petitions to the Commissioner<br>123    50    123    50    Processing fee under 37 CFR 1.17(q)<br>126    180    126    180    Submission of Information Disclosure Stmt<br>581    40    581    40    Recording each patent assignment per property (times number of properties)<br>146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br>149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br>179    740    279    370    Request for Continued Examination (RCE)<br>169    900    169    900    Request for expedited examination of a design application<br>Other fee (specify) _____ |  | <b>1. BASIC FILING FEE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>101    740    201    370    Utility filing fee<br>106    330    206    165    Design filing fee<br>107    510    207    255    Plant filing fee<br>108    740    208    370    Reissue filing fee<br>114    160    214    80    Provisional filing fee<br>SUBTOTAL (1)    (\$)<br>370.00 |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>103    18    203    9    Claims in excess of 20<br>102    84    202    42    Independent claims in excess of 3<br>104    280    204    140    Multiple dependent claim, if not paid<br>109    84    209    42    ** Reissue independent claims over original patent<br>110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br>SUBTOTAL (2)    (\$)<br>0.00 |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/> |  | <b>3. ADDITIONAL FEES</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>105    130    205    65    Surcharge - late filing fee or oath<br>127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br>139    130    139    130    Non-English specification<br>147    2,520    147    2,520    For filing a request for ex parte reexamination<br>112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br>113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br>115    110    215    55    Extension for reply within first month<br>116    400    216    200    Extension for reply within second month<br>117    920    217    460    Extension for reply within third month<br>118    1,440    218    720    Extension for reply within fourth month<br>128    1,960    228    980    Extension for reply within fifth month<br>119    320    219    160    Notice of Appeal<br>120    320    220    160    Filing a brief in support of an appeal<br>121    280    221    140    Request for oral hearing<br>138    1,510    138    1,510    Petition to institute a public use proceeding<br>140    110    240    55    Petition to revive - unavoidable<br>141    1,280    241    640    Petition to revive - unintentional<br>142    1,280    242    640    Utility issue fee (or reissue)<br>143    460    243    230    Design issue fee<br>144    620    244    310    Plant issue fee<br>122    130    122    130    Petitions to the Commissioner<br>123    50    123    50    Processing fee under 37 CFR 1.17(q)<br>126    180    126    180    Submission of Information Disclosure Stmt<br>581    40    581    40    Recording each patent assignment per property (times number of properties)<br>146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br>149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br>179    740    279    370    Request for Continued Examination (RCE)<br>169    900    169    900    Request for expedited examination of a design application<br>Other fee (specify) _____ |  | <b>1. BASIC FILING FEE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>101    740    201    370    Utility filing fee<br>106    330    206    165    Design filing fee<br>107    510    207    255    Plant filing fee<br>108    740    208    370    Reissue filing fee<br>114    160    214    80    Provisional filing fee<br>SUBTOTAL (1)    (\$)<br>370.00 |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>103    18    203    9    Claims in excess of 20<br>102    84    202    42    Independent claims in excess of 3<br>104    280    204    140    Multiple dependent claim, if not paid<br>109    84    209    42    ** Reissue independent claims over original patent<br>110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br>SUBTOTAL (2)    (\$)<br>0.00 |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/> |  | <b>3. ADDITIONAL FEES</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>105    130    205    65    Surcharge - late filing fee or oath<br>127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br>139    130    139    130    Non-English specification<br>147    2,520    147    2,520    For filing a request for ex parte reexamination<br>112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br>113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br>115    110    215    55    Extension for reply within first month<br>116    400    216    200    Extension for reply within second month<br>117    920    217    460    Extension for reply within third month<br>118    1,440    218    720    Extension for reply within fourth month<br>128    1,960    228    980    Extension for reply within fifth month<br>119    320    219    160    Notice of Appeal<br>120    320    220    160    Filing a brief in support of an appeal<br>121    280    221    140    Request for oral hearing<br>138    1,510    138    1,510    Petition to institute a public use proceeding<br>140    110    240    55    Petition to revive - unavoidable<br>141    1,280    241    640    Petition to revive - unintentional<br>142    1,280    242    640    Utility issue fee (or reissue)<br>143    460    243    230    Design issue fee<br>144    620    244    310    Plant issue fee<br>122    130    122    130    Petitions to the Commissioner<br>123    50    123    50    Processing fee under 37 CFR 1.17(q)<br>126    180    126    180    Submission of Information Disclosure Stmt<br>581    40    581    40    Recording each patent assignment per property (times number of properties)<br>146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br>149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br>179    740    279    370    Request for Continued Examination (RCE)<br>169    900    169    900    Request for expedited examination of a design application<br>Other fee (specify) _____ |  | <b>1. BASIC FILING FEE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>101    740    201    370    Utility filing fee<br>106    330    206    165    Design filing fee<br>107    510    207    255    Plant filing fee<br>108    740    208    370    Reissue filing fee<br>114    160    214    80    Provisional filing fee<br>SUBTOTAL (1)    (\$)<br>370.00 |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>103    18    203    9    Claims in excess of 20<br>102    84    202    42    Independent claims in excess of 3<br>104    280    204    140    Multiple dependent claim, if not paid<br>109    84    209    42    ** Reissue independent claims over original patent<br>110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br>SUBTOTAL (2)    (\$)<br>0.00 |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Independent
Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/> |  | <b>3. ADDITIONAL FEES</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>105    130    205    65    Surcharge - late filing fee or oath<br>127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br>139    130    139    130    Non-English specification<br>147    2,520    147    2,520    For filing a request for ex parte reexamination<br>112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br>113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br>115    110    215    55    Extension for reply within first month<br>116    400    216    200    Extension for reply within second month<br>117    920    217    460    Extension for reply within third month<br>118    1,440    218    720    Extension for reply within fourth month<br>128    1,960    228    980    Extension for reply within fifth month<br>119    320    219    160    Notice of Appeal<br>120    320    220    160    Filing a brief in support of an appeal<br>121    280    221    140    Request for oral hearing<br>138    1,510    138    1,510    Petition to institute a public use proceeding<br>140    110    240    55    Petition to revive - unavoidable<br>141    1,280    241    640    Petition to revive - unintentional<br>142    1,280    242    640    Utility issue fee (or reissue)<br>143    460    243    230    Design issue fee<br>144    620    244    310    Plant issue fee<br>122    130    122    130    Petitions to the Commissioner<br>123    50    123    50    Processing fee under 37 CFR 1.17(q)<br>126    180    126    180    Submission of Information Disclosure Stmt<br>581    40    581    40    Recording each patent assignment per property (times number of properties)<br>146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br>149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br>179    740    279    370    Request for Continued Examination (RCE)<br>169    900    169    900    Request for expedited examination of a design application<br>Other fee (specify) _____ |  | <b>1. BASIC FILING FEE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>101    740    201    370    Utility filing fee<br>106    330    206    165    Design filing fee<br>107    510    207    255    Plant filing fee<br>108    740    208    370    Reissue filing fee<br>114    160    214    80    Provisional filing fee<br>SUBTOTAL (1)    (\$)<br>370.00 |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>103    18    203    9    Claims in excess of 20<br>102    84    202    42    Independent claims in excess of 3<br>104    280    204    140    Multiple dependent claim, if not paid<br>109    84    209    42    ** Reissue independent claims over original patent<br>110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br>SUBTOTAL (2)    (\$)<br>0.00 |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/> |  | <b>3. ADDITIONAL FEES</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>105    130    205    65    Surcharge - late filing fee or oath<br>127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br>139    130    139    130    Non-English specification<br>147    2,520    147    2,520    For filing a request for ex parte reexamination<br>112    920*    112    920*    Requesting publication of |  |
| Large Entity   |   
   
  | Small Entity   
                                    |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| Fee Code   | Fee (\$)  
   
  | Fee Code   
                                    | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 105  | 130   
   
  | 205  
                                    | 65       | Surcharge - late filing fee or oath  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 127  | 50  
   
  | 227  
                                    | 25       | Surcharge - late provisional filing fee or cover sheet.                    |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 139  | 130   
   
  | 139  
                                    | 130      | Non-English specification  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 147  | 2,520   
   
  | 147  
                                    | 2,520    | For filing a request for ex parte reexamination                            |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 112  | 920*  
   
  | 112  
                                    | 920*     | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 113  | 1,840*  
   
  | 113  
                                    | 1,840*   | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 115  | 110   
   
  | 215  
                                    | 55       | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 116  | 400   
   
  | 216  
                                    | 200      | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 117  | 920   
   
  | 217  
                                    | 460      | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 118  | 1,440   
   
  | 218  
                                    | 720      | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 128  | 1,960   
   
  | 228  
                                    | 980      | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 119  | 320   
   
  | 219  
                                    | 160      | Notice of Appeal   |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 120  | 320   
   
  | 220  
                                    | 160      | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 121  | 280   
   
  | 221  
                                    | 140      | Request for oral hearing   |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 138  | 1,510   
   
  | 138  
                                    | 1,510    | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 140  | 110   
   
  | 240  
                                    | 55       | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 141  | 1,280   
   
  | 241  
                                    | 640      | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 142  | 1,280   
   
  | 242  
                                    | 640      | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 143  | 460   
   
  | 243  
                                    | 230      | Design issue fee   |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 144  | 620   
   
  | 244  
                                    | 310      | Plant issue fee  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 122  | 130   
   
  | 122  
                                    | 130      | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 123  | 50  
   
  | 123  
                                    | 50       | Processing fee under 37 CFR 1.17(q)  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 126  | 180   
   
  | 126  
                                    | 180      | Submission of Information Disclosure Stmt                                  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 581  | 40  
   
  | 581  
                                    | 40       | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 146  | 740   
   
  | 246  
                                    | 370      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 149  | 740   
   
  | 249  
                                    | 370      | For each additional invention to be examined (37CFR 1.129(b))              |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 179  | 740   
   
  | 279  
                                    | 370      | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 169  | 900   
   
  | 169  
                                    | 900      | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| Other fee (specify) _____  |   
   
  |  
                                    |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>370.00</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td>370.00</td></tr> </tbody> </table> |   
   
  |  
                                    |          | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101 | 740 | 201                                 | 370 | Utility filing fee | 370.00 | 106 | 330 | 206   | 165 | Design filing fee |     | 107 | 510 | 207                       | 255 | Plant filing fee |       | 108 | 740   | 208   | 370 | Reissue filing fee |      | 114 | 160  | 214  | 80 | Provisional filing fee |        | <b>SUBTOTAL (1)</b> |        |   |  |     | 370.00 | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td>0.00</td></tr> </tbody> </table> |    | Large Entity                           |  | Small Entity |     | Fee Description | Fee Paid | Fee Code                                | Fee (\$) | Fee Code | Fee (\$) | 103 | 18  | 203                                    | 9 | Claims in excess of 20 |       | 102 | 84  | 202                                     | 42 | Independent claims in excess of 3 |       | 104 | 280 | 204                                    | 140 | Multiple dependent claim, if not paid |     | 109 | 84  | 209              | 42 | ** Reissue independent claims over original patent |     | 110 | 18  | 210                                    | 9 | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b> |     |                          |  |     | 0.00  |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| Large Entity   |   
   
  | Small Entity   
                                    |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| Fee Code   | Fee (\$)  
   
  | Fee Code   
                                    | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 101  | 740   
   
  | 201  
                                    | 370      | Utility filing fee   | 370.00   |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 106  | 330   
   
  | 206  
                                    | 165      | Design filing fee  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 107  | 510   
   
  | 207  
                                    | 255      | Plant filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 108  | 740   
   
  | 208  
                                    | 370      | Reissue filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 114  | 160   
   
  | 214  
                                    | 80       | Provisional filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| <b>SUBTOTAL (1)</b>  |   
   
  |  
                                    |          |  | 370.00   |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| Large Entity   |   
   
  | Small Entity   
                                    |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| Fee Code   | Fee (\$)  
   
  | Fee Code   
                                    | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 103  | 18  
   
  | 203  
                                    | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 102  | 84  
   
  | 202  
                                    | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 104  | 280   
   
  | 204  
                                    | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 109  | 84  
   
  | 209  
                                    | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| 110  | 18  
   
  | 210  
                                    | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| <b>SUBTOTAL (2)</b>  |   
   
  |  
                                    |          |  | 0.00     |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/>  |   
   
  | <b>3. ADDITIONAL FEES</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>105    130    205    65    Surcharge - late filing fee or oath<br>127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br>139    130    139    130    Non-English specification<br>147    2,520    147    2,520    For filing a request for ex parte reexamination<br>112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br>113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br>115    110    215    55    Extension for reply within first month<br>116    400    216    200    Extension for reply within second month<br>117    920    217    460    Extension for reply within third month<br>118    1,440    218    720    Extension for reply within fourth month<br>128    1,960    228    980    Extension for reply within fifth month<br>119    320    219    160    Notice of Appeal<br>120    320    220    160    Filing a brief in support of an appeal<br>121    280    221    140    Request for oral hearing<br>138    1,510    138    1,510    Petition to institute a public use proceeding<br>140    110    240    55    Petition to revive - unavoidable<br>141    1,280    241    640    Petition to revive - unintentional<br>142    1,280    242    640    Utility issue fee (or reissue)<br>143    460    243    230    Design issue fee<br>144    620    244    310    Plant issue fee<br>122    130    122    130    Petitions to the Commissioner<br>123    50    123    50    Processing fee under 37 CFR 1.17(q)<br>126    180    126    180    Submission of Information Disclosure Stmt<br>581    40    581    40    Recording each patent assignment per property (times number of properties)<br>146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br>149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br>179    740    279    370    Request for Continued Examination (RCE)<br>169    900    169    900    Request for expedited examination of a design
application<br>Other fee (specify) _____ |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |  
  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  
  |  |   |  |  |  |  |  |   |  |   |  |
| <b>1. BASIC FILING FEE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>101    740    201    370    Utility filing fee<br>106    330    206    165    Design filing fee<br>107    510    207    255    Plant filing fee<br>108    740    208    370    Reissue filing fee<br>114    160    214    80    Provisional filing fee<br>SUBTOTAL (1)    (\$)<br>370.00   |   
   
  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>103    18    203    9    Claims in excess of 20<br>102    84    202    42    Independent claims in excess of 3<br>104    280    204    140    Multiple dependent claim, if not paid<br>109    84    209    42    ** Reissue independent claims over original patent<br>110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br>SUBTOTAL (2)    (\$)<br>0.00   
                                    |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/>  |   
   
  | <b>3. ADDITIONAL FEES</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>105    130    205    65    Surcharge - late filing fee or oath<br>127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br>139    130    139    130    Non-English specification<br>147    2,520    147    2,520    For filing a request for ex parte reexamination<br>112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br>113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br>115    110    215    55    Extension for reply within first month<br>116    400    216    200    Extension for reply within second month<br>117    920    217    460    Extension for reply within third month<br>118    1,440    218    720    Extension for reply within fourth month<br>128    1,960    228    980    Extension for reply within fifth month<br>119    320    219    160    Notice of Appeal<br>120    320    220    160    Filing a brief in support of an appeal<br>121    280    221    140    Request for oral hearing<br>138    1,510    138    1,510    Petition to institute a public use proceeding<br>140    110    240    55    Petition to revive - unavoidable<br>141    1,280    241    640    Petition to revive - unintentional<br>142    1,280    242    640    Utility issue fee (or reissue)<br>143    460    243    230    Design issue fee<br>144    620    244    310    Plant issue fee<br>122    130    122    130    Petitions to the Commissioner<br>123    50    123    50    Processing fee under 37 CFR 1.17(q)<br>126    180    126    180    Submission of Information Disclosure Stmt<br>581    40    581    40    Recording each patent assignment per property (times number of properties)<br>146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br>149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br>179    740    279    370    Request for Continued Examination (RCE)<br>169    900    169    900    Request for expedited examination of a design
application<br>Other fee (specify) _____ |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |  
  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  
  |  |   |  |  |  |  |  |   |  |   |  |
| <b>1. BASIC FILING FEE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>101    740    201    370    Utility filing fee<br>106    330    206    165    Design filing fee<br>107    510    207    255    Plant filing fee<br>108    740    208    370    Reissue filing fee<br>114    160    214    80    Provisional filing fee<br>SUBTOTAL (1)    (\$)<br>370.00   |   
   
  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>103    18    203    9    Claims in excess of 20<br>102    84    202    42    Independent claims in excess of 3<br>104    280    204    140    Multiple dependent claim, if not paid<br>109    84    209    42    ** Reissue independent claims over original patent<br>110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br>SUBTOTAL (2)    (\$)<br>0.00   
                                    |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/>  |   
   
  | <b>3. ADDITIONAL FEES</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>105    130    205    65    Surcharge - late filing fee or oath<br>127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br>139    130    139    130    Non-English specification<br>147    2,520    147    2,520    For filing a request for ex parte reexamination<br>112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br>113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br>115    110    215    55    Extension for reply within first month<br>116    400    216    200    Extension for reply within second month<br>117    920    217    460    Extension for reply within third month<br>118    1,440    218    720    Extension for reply within fourth month<br>128    1,960    228    980    Extension for reply within fifth month<br>119    320    219    160    Notice of Appeal<br>120    320    220    160    Filing a brief in support of an appeal<br>121    280    221    140    Request for oral hearing<br>138    1,510    138    1,510    Petition to institute a public use proceeding<br>140    110    240    55    Petition to revive - unavoidable<br>141    1,280    241    640    Petition to revive - unintentional<br>142    1,280    242    640    Utility issue fee (or reissue)<br>143    460    243    230    Design issue fee<br>144    620    244    310    Plant issue fee<br>122    130    122    130    Petitions to the Commissioner<br>123    50    123    50    Processing fee under 37 CFR 1.17(q)<br>126    180    126    180    Submission of Information Disclosure Stmt<br>581    40    581    40    Recording each patent assignment per property (times number of properties)<br>146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br>149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br>179    740    279    370    Request for Continued Examination (RCE)<br>169    900    169    900    Request for expedited examination of a design
application<br>Other fee (specify) _____ |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |  
  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  
  |  |   |  |  |  |  |  |   |  |   |  |
| <b>1. BASIC FILING FEE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>101    740    201    370    Utility filing fee<br>106    330    206    165    Design filing fee<br>107    510    207    255    Plant filing fee<br>108    740    208    370    Reissue filing fee<br>114    160    214    80    Provisional filing fee<br>SUBTOTAL (1)    (\$)<br>370.00   |   
   
  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>103    18    203    9    Claims in excess of 20<br>102    84    202    42    Independent claims in excess of 3<br>104    280    204    140    Multiple dependent claim, if not paid<br>109    84    209    42    ** Reissue independent claims over original patent<br>110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br>SUBTOTAL (2)    (\$)<br>0.00   
                                    |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/>  |   
   
  | <b>3. ADDITIONAL FEES</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>105    130    205    65    Surcharge - late filing fee or oath<br>127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br>139    130    139    130    Non-English specification<br>147    2,520    147    2,520    For filing a request for ex parte reexamination<br>112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br>113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br>115    110    215    55    Extension for reply within first month<br>116    400    216    200    Extension for reply within second month<br>117    920    217    460    Extension for reply within third month<br>118    1,440    218    720    Extension for reply within fourth month<br>128    1,960    228    980    Extension for reply within fifth month<br>119    320    219    160    Notice of Appeal<br>120    320    220    160    Filing a brief in support of an appeal<br>121    280    221    140    Request for oral hearing<br>138    1,510    138    1,510    Petition to institute a public use proceeding<br>140    110    240    55    Petition to revive - unavoidable<br>141    1,280    241    640    Petition to revive - unintentional<br>142    1,280    242    640    Utility issue fee (or reissue)<br>143    460    243    230    Design issue fee<br>144    620    244    310    Plant issue fee<br>122    130    122    130    Petitions to the Commissioner<br>123    50    123    50    Processing fee under 37 CFR 1.17(q)<br>126    180    126    180    Submission of Information Disclosure Stmt<br>581    40    581    40    Recording each patent assignment per property (times number of properties)<br>146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br>149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br>179    740    279    370    Request for Continued Examination (RCE)<br>169    900    169    900    Request for expedited examination of a design
application<br>Other fee (specify) _____ |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |  
  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  
  |  |   |  |  |  |  |  |   |  |   |  |
| <b>1. BASIC FILING FEE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>101    740    201    370    Utility filing fee<br>106    330    206    165    Design filing fee<br>107    510    207    255    Plant filing fee<br>108    740    208    370    Reissue filing fee<br>114    160    214    80    Provisional filing fee<br>SUBTOTAL (1)    (\$)<br>370.00   |   
   
  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>103    18    203    9    Claims in excess of 20<br>102    84    202    42    Independent claims in excess of 3<br>104    280    204    140    Multiple dependent claim, if not paid<br>109    84    209    42    ** Reissue independent claims over original patent<br>110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br>SUBTOTAL (2)    (\$)<br>0.00   
                                    |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/>  |   
   
  | <b>3. ADDITIONAL FEES</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>105    130    205    65    Surcharge - late filing fee or oath<br>127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br>139    130    139    130    Non-English specification<br>147    2,520    147    2,520    For filing a request for ex parte reexamination<br>112    920*    112    920*    Requesting publication of SIR prior to Examiner action<br>113    1,840*    113    1,840*    Requesting publication of SIR after Examiner action<br>115    110    215    55    Extension for reply within first month<br>116    400    216    200    Extension for reply within second month<br>117    920    217    460    Extension for reply within third month<br>118    1,440    218    720    Extension for reply within fourth month<br>128    1,960    228    980    Extension for reply within fifth month<br>119    320    219    160    Notice of Appeal<br>120    320    220    160    Filing a brief in support of an appeal<br>121    280    221    140    Request for oral hearing<br>138    1,510    138    1,510    Petition to institute a public use proceeding<br>140    110    240    55    Petition to revive - unavoidable<br>141    1,280    241    640    Petition to revive - unintentional<br>142    1,280    242    640    Utility issue fee (or reissue)<br>143    460    243    230    Design issue fee<br>144    620    244    310    Plant issue fee<br>122    130    122    130    Petitions to the Commissioner<br>123    50    123    50    Processing fee under 37 CFR 1.17(q)<br>126    180    126    180    Submission of Information Disclosure Stmt<br>581    40    581    40    Recording each patent assignment per property (times number of properties)<br>146    740    246    370    Filing a submission after final rejection (37 CFR 1.129(a))<br>149    740    249    370    For each additional invention to be examined (37CFR 1.129(b))<br>179    740    279    370    Request for Continued Examination (RCE)<br>169    900    169    900    Request for expedited examination of a design
application<br>Other fee (specify) _____ |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |  
  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  
  |  |   |  |  |  |  |  |   |  |   |  |
| <b>1. BASIC FILING FEE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>101    740    201    370    Utility filing fee<br>106    330    206    165    Design filing fee<br>107    510    207    255    Plant filing fee<br>108    740    208    370    Reissue filing fee<br>114    160    214    80    Provisional filing fee<br>SUBTOTAL (1)    (\$)<br>370.00   |   
   
  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>103    18    203    9    Claims in excess of 20<br>102    84    202    42    Independent claims in excess of 3<br>104    280    204    140    Multiple dependent claim, if not paid<br>109    84    209    42    ** Reissue independent claims over original patent<br>110    18    210    9    ** Reissue claims in excess of 20 and over original patent<br>SUBTOTAL (2)    (\$)<br>0.00   
                                    |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 18    -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Independent Claims: 3    -3** = <input type="checkbox"/> x <input type="checkbox"/> = 0.0<br>Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/>  |   
   
  | <b>3. ADDITIONAL FEES</b><br>Large Entity    Small Entity<br>Fee Code    Fee (\$)<br>105    130    205    65    Surcharge - late filing fee or oath<br>127    50    227    25    Surcharge - late provisional filing fee or cover sheet.<br>139    130    139    130    Non-English specification<br>147    2,520    147    2,520    For filing a request for ex parte reexamination<br>112    920*    112    920*    Requesting publication of  
                                    |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                                     |     |                    |        |     |     |   |     |                   |     |     |     |                           |     |                  |       |     |       |   |     |                    |      |     |      |  |    |                        |        |                     |        |   |  |     |        |  |    |  |  |              |     |                 |          |   |          |          |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |                     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |        |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |      |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |   
   |  |   |  |  |  |  |  |   |  |   |  |